

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Blue
 City Sugar Creek

Registration District No. 398
 Primary Registration District No. 5554
 (No. Northern Blvd. & Felton)

File No. 41489
 Registered No. 381
 St. _____ Ward _____

2. FULL NAME Fred Joseph Bergin

(a) Residence, No. Northern Blvd. & Felton St. Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Marguerite McCance (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/5/1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 - 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Creek, Mo.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME William Bergin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Johanna Cavanaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT Mrs. Fred Bergin (ADDRESS) Northern Blvd. & Felton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys, Inden. DATE 11/30/37

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Inden. Ave. K. C.

20. FILED 12-2-37 J. P. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/26, 1931, to 11/28, 1937

I last saw him alive on 11/28, 1937. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:
Aneurism (Cereb Willis)

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) William, M. D.(Address) 10307 Adelph Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2
100M-11-2-33

